PATEN	T APPLICATION F	EEBET BRAILPAN	IN RECORD	rdormeton unle	ti Katsp	ENO PARLINEAL	CONTRACTOR OF CO	ΣĒ
•	·	Application or Dockel Humb				<u> </u>		
APP	LICATION AS FILED.	-PARTI			1 70	168026	9	
	(Column 1)	(Column 1) (Column 2) EMALL EN		F1		OTHER THAN		$\overline{\cdot}$
FOR	. HUMBER FILED		7 OMALL	ENTITY	OR.	- 6MALL	ENTITY	- 1
IC FEE XR 1.16(e), (b), or (c))		HUMBER EXTRA	RATE (1)	FEE (\$)				\dashv
RCH FFF	· · · · · · ·	·				RATE (\$)	FEE (1)	J
FR 1.10(K), (1), or (m)) MINATION FEE	· · · · · ·	<i>:</i> .	7	 				1
R 1.16(0), (p), or (all			 	<u> </u>				٦.
L CLAIMS			1 L	"	[<u> </u>	4
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rė debendent of	LIM PRESENT (37 OFR 1.16	71)	.		Ŀ		· }	
	s less than zero, enter *0° in		L	<u> </u>		- 1		
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TO THE OF ME	ALTIPLE DEPENDENT CLAIM	(ST OFR 1.16()) -	180 1		7	PO 2 100 -	7-37	
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in Size Fee (37 OFR	1.18(5))	<u>x</u>	. =	7				
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y in column 1 is less to	han the entry in column 2, well Paid For IN THIS SPAC	AD	D'I FFE	ÓR	TOTAL ADD'L F			•
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ntormation is require	d by 37 CFR 1.16. The Inf	denty is the highest number	r found in the approp	onale box in col	umn 1	••		
, prepading, and subm	illing the completed applica	10.3.C. 122 and 87 CFR.	1.14. This collection	in by the publi	c which	ls to file (and by	the :	
ice, U.S. Denariment	d by 37 CFR 1.16. The Infidentiality is governed by 31 illing the completed applicated applicated by 11 indicated by 11 indica	stiers december the USPTO. T	ime will vary depend	is estimated to ling upon the in	lake 12	minules le compi	elejikk	
TO: Commission	nilling the completed applica platestations and some of Commerce, P.O. Box 145 ner for Palents, P.O. Box	0, Alexandria, VA 223 13-1	450, DO NOT SELIC	South Shirt	erricual erricual	Lase. Any comme	en(s	
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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.